

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Solan</i>		<i>03-23-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>10</i>	<i>4/1/2</i>
<b>FORMALITY REVIEW</b>	<i>MM</i>	<i>572</i>	<i>4/30</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>Rm</i>	<i>FSI</i>	<i>06-20-01</i>
	<i>Request</i>	<i>925</i>	<i>08-14-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here